## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 651114

(1)

YOUNG, STOVALL AND COMPANY

FILED									
Apr 24 1997 8:00am									
Secretary of State									

EH ED

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Principal Place of Business Mailing Address									• . • . • . • . • • • • • • • • • • • •				
9627 S DIXIE HWY STE 101 MIAMI FL 33156				9627 S DIXIE HWY STE 101 MIAMI FL 33156-2837									
							3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1996						
2. Principal Place of Business 2a.				, Mailing Address				4. FEI Number		.L	<b></b> [	Applied For	
21			26	26				<b>59-1946323</b> Not Applicable					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional					
22			27					b. Cermicale of Status Des	ireu	<u>لــا</u>	Fee	Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23	·			I				Trust Fund Contribution Added to Fees					
Zip	. **	Country		Zφ	Country			8. This corporation has lial				s. 199.032,	
24		25	29		30			Florida Statutes Yes No					
		and Address of Curren	t Hegis	stered Agent		81	News	10. Name and Address of	New Re	gistered A	gent		
		RK AARON			Į	•	Name					Į.	
		HWY STE 101				82	Street Add	Press (P.O. Box Number is Not A	cceptab	le)			
	MI, FL												
3319	56				į	83						ļ	
					,	84	City				85 Zi	p Code	
44 0000	ta tha manuis	Services COZOCO	7	207 11 00 11 - 12 Ctol					7 Al	FL	<u> </u>		
office or r	egistered a	gent, or both, in the State	of Flori	ida. Such change was	ittes, inc at authorized	d by	the corpora	poration submits this statement tion's board of directors. I herel	тог тне р ру ассер	urpose or i	intment a	as registered	
agent. La	m familiar w	ith, and accept the obliga	ntions o	of, Section 607.0505, F	Iorida Stat	utos	<b>5</b> .						
SIGNATURE	Classitus tupo	d or printed name of registered age		Marushashta (NC)	) It is Etman edges of	d Acres	of electric services	ired when reinstating)		DATE	·		
12.	Signature, types	OFFICERS AND			1 13.		ch alfation tedo	ADDITIONS/CHANGES T	O OFFIC		DIRECTO	ORS IN 12	
TITLE	PD			DELETE	1,1 10	FL F					Change		
NAME	YOUNG, ROARK AARON				12 NAME							_	
STREET ADDRESS				1			ADDRESS					-	
CITY-ST-ZIP	MIAMI FL						1- ZIP					i	
TITLE	VST			☐ DELE1E	2.1 1111.6						Change	e Addition	
NAME	BUENO, HELEN				2.2 NAME							ĺ	
STREET ADDRESS					2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI F	L			2. 4 CITY - ST - ZIP								
TITLE				DELETE	3170	I L E				[	Change	e 🔲 Addition	
NAME					3 2 N/	ME						]	
STREET ADDRESS		3.3			3.3 ST	REET	ADDRESS					ļ	
CITY-ST-ZIP		3.4.				17Y - S	61-ZIP					J	
TITLE					4.1 31	ΙLE					Change	e Addition	
NAME			4.2		4. 2 N	AME							
STREET ADDRESS	, .	4.3 \$			4.3 \$1	RED	ADDRESS					[	
CITY-ST-ZIP		44(			4.4 GI	1Y-8	1 - ZIP						
TITLE			DELETE 51		5 1 10	TLE				1	) Change	e 🔲 Addition	
NAME					5.2 NAME		,						
STREET ADDRESS	-				5.3 \$1	REET	ADDRESS					ł	
CITY-ST-ZIP			<b>.</b>		5.4 CI		1- ZIF						
TITLE				DELFTE	6.1 11					l	Change	e L Addition	
NAME					6.2 N/								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					.6'4 CI	IY-\$	T-ZIP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.